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# THE auricle

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election edition

EDITOR IN CHIEF  
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THE MEDICAL SOCIETY  
UNIVERSITY OF TORONTO  
TORONTO 5, CANADA

THE AURICLE is the official monthly bulletin of the Medical Assembly, and is intended as the main communication medium for the Medical Society.

Comments in the form of suggestions, criticisms, and contributions from staff or students will be appreciated.

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### NOTICE

The editor-in-chief has been advised by the Medical Society President, that a supplement to the March/69 auricle will probably be published. This will give candidates and voters an opportunity to become acquainted.

This will be finalized at the Meeting of Candidates Tuesday March 11th.

P.H.

# Official Election Directive

as enacted by

THE UNIVERSITY OF TORONTO MEDICAL SOCIETY

Chief Returning Officer	S. Kushnir
Deputy Returning Officer	B. Walker

The following information concerning the coming elections is meant as a guide to the nominees and voters.

With the enactment of a new constitution where most positions have been drastically altered, the Auricle is providing the facts students must know about the new structure and the conduct of the election.

Please read the following accounts carefully, so as to avoid any confusion. Your class President, or a member of the Assembly, will supply you with any further information you might require. Note also the dates on which various phases of the election will occur.

## TIMETABLE

Nominations open ..... Wednesday, March 5th  
Nominations close 5:00 p.m. .... Tuesday, March 11th  
Meeting of Candidates 6:30 p.m. Tuesday, March 11th  
(in the student lounge of the T.G.H.)

Campaign opens ..... Wednesday, March 12th  
Campaign closes 5:00 p.m. .... Tuesday, March 18th

ELECTION DAY ..... Wednesday, March 19th (tentative)

Closing Date of Applications  
for appointed positions... 5:00 p.m. Friday, March 21st

Meeting of New Assembly ..... Monday, March 24th (tentative)

Joint Meeting of New and  
Outgoing Assembly ..... Wednesday, March 26th (tentative -  
place to be announced)

Notes: Return completed nomination forms to your Class President (see Rules of Election 1 (c) below)

Medicine IV votes for their Five-Year Executive and Med. Soc. Exec. on Monday, March 17th, 1969, but ballots will be counted on Wednesday, March 19th.

N. B. Each candidate or his representative must be present at the Candidate's meeting on Tuesday, March 11th. Election rules for candidates will be outlined at this meeting.

## RULES OF ELECTION

### 1. NOMINATIONS

- (b) no person shall be allowed to run at one time for more than one voting office on any one Assembly.
- (c) all nominations for elected positions must be in writing, signed by the original nominee, the nominator, and the seconder, and have the office to be contended for clearly stated. They must be deposited with the Class President not later than 5:00 p.m., Tuesday, March 11th.
- (d) the number of nominees for a position on the Assembly shall be limited to four. If greater than four, then the nominations shall be limited on the basis of a preliminary vote in the class or classes from which nominations are received.

### 2. WITHDRAWALS

Notice of withdrawal must be in writing and deposited with the Secretary before the time of nomination closure. Such withdrawals shall require the signature of the nominator.

### 3. ELIGIBILITY

- (a) All active members of the Society are eligible to vote.
- (b) No voting by proxy shall be allowed.

### 4. ANNUAL ELECTIONS

A candidate will be pronounced elected to office by receiving a simple plurality of those votes cast.

#### Notes:

- Positions to be contested, and eligibility requirements of candidates are outlined later in the Auricle.
- Another edition of the Auricle will be published just prior to the election. This will contain statements from candidates running for certain positions and instructions on the voting procedures.
- N. B. It must be emphasized that applications for the appointed positions (chairmen of various organizations who do not vote on the Assembly) must be in the form of letters to the Medical Assembly Secretary and may be handed to the Class President. Letters should contain an outline of past experience if any, proposals for the coming year, and any other information deemed appropriate. Applicants will also be requested to make a verbal presentation at the Joint Meeting, at which time the appointments will be made. These applications may be submitted any time up to 5:00 p.m. on Friday, March 21st (i. e., during and after the elections).



## THE NEW ORGANIZATION OF THE MEDICAL SOCIETY

It is relatively recently that the medical student has been able to influence in a meaningful way, the nature of his medical education. To facilitate and to reinforce this influence, the Medical Society Assembly has passed a new constitution. This constitution represents a drastic change in the structure of the Assembly (the Medical Society Assembly is the elected governing council, and the Medical Society includes all medical students in the Faculty).

The following is a summary of the new structure of the Assembly:

### I. Executive Committee

This committee is chaired by the President of the Society, and includes the Vice-President Education, Vice-President Services, Finance Committee Chairman (Treasurer), Executive Secretary, and Orientation Representative.

### II. Education Committee

This committee chaired by the Vice-President Education, consists of the members of its four sub-committees.

1. Curriculum Committee: consisting of the 9 Period Committee representatives, 3 to each period, and 2 Audio-Visual representatives.
2. Student Affairs  
Committee: consisting of 5 students.
3. Evaluation Committee: consisting of 5 students. An equal number of staff will be invited to participate.
4. Library Committee: consisting of 2 students.

### III. Services Committee

This committee is chaired by the Vice-President Services. It consists of 4 members of the Assembly. These members sit on two subcommittees which are:

1. Activities Committee: composed of the members of the Services Committee plus the Daffydil Chairman, Social Director, Presidents of the M.A.A. and M.W.U.A., and the Chairman of Arts and Letters.
2. Publications  
Committee: composed of the members of the Services Committee plus the editors of the Probe and Journal.

### 3. Communications Director

The Communications Director is an ex-officio member of the Executive of the Assembly, and is also one of the four Assembly members of the Services Committee. He is responsible for publication of the Auricle.

### B. Committees

With the exception of the Period Committees, candidates for these positions may be in II Premeds, I Meds, II Meds, or III Meds, at the present time.

#### 1. Education Committee

##### a. Curriculum Committee:

##### i. Period Committees-

Period I - one candidate from each of this year's II Premeds, I Meds and II Meds will be chosen.

Period II - one candidate from each of this year's I Meds, II Meds, and III Meds will be chosen.

Period III- one candidate from this year's II Meds and two from this year's III Meds will be chosen.

The Period Committee representatives serve, with staff members on the Period Committees set up by the Faculty. As members of the Curriculum Committee, they will communicate the proceedings of their Committees to the Assembly, and co-ordinate their actions on the Period Committees.

##### ii. Audio-Visual Committee-

Two members will be elected to serve, with staff members, on the Faculty's Audio-visual Committee. They will communicate the proceedings of their Committee to the Assembly, and co-ordinate their actions with the Period Committees.

##### b. Student Affairs Committee:

Five members will be chosen to sit with five staff members on the Student Affairs Committee. This committee will discuss policy and make recommendations to Faculty Council on all matters affecting student.

##### c. Evaluation Committee:

Five members will be chosen. Five staff members will also be invited to sit on this committee, which will design and implement methods of course evaluation, and recommend changes as indicated by the results. At least one member must be from each of this year's II Premeds, I Meds, II Meds and III Meds.

#### IV. Finance Committee

This committee is chaired by the Treasurer of the Medical Assembly and consists of one member of the Assembly and the Warden of the Society.

#### V. External Affairs Committee

This committee shall choose its own Chairman from among its members. Its members are the two SAC representatives, the Junior and Senior C.A.H.S.I. officers, the W.U.S. representative, and other members as required.

### POSITIONS AVAILABLE

What follows is a description of the functions of each office, the year requirements for each office, and the manner in which each officer is elected.

#### I. Elected Positions for which All Members of the Medical Society Can Vote

##### A. Executive of the Society

1. PRESIDENT - candidates may presently be in II Premeds, I Meds, II Meds, or III Meds.

The President has a major role in providing initiative and direction for the Assembly. He is the Society's representative to Faculty Committees and the Dean's Office.

2. VICE-PRESIDENT EDUCATION - candidates may presently be in II Premeds, I Meds, II Meds, or III Meds.  
The function of the Vice-President Education is to co-ordinate the activities of the people on his committee, and with his committee, to recommend policy on educational matters to the Assembly. It follows that this is a very important position.

3. VICE-PRESIDENT SERVICES - candidates may presently be in II Premeds, I Meds, II Meds, or III Meds.  
It is the responsibility of the Vice-President Services to design a co-ordinated social and extra-curricular programme for the Society, and to help determine policy on such matters as budget and business management for the extra-curricular organizations. This also is a very important position.

##### B. Other Positions

1. M.A.A. PRESIDENT - candidates must be males presently in II Meds. Only males may vote for M.A.A. President.  
The President, in addition to his responsibilities to the M.A.A., is a member of the Activities Committee of the Medical Assembly. He must present the M.A.A. budget to the Assembly.



2. M.W.U.A. PRESIDENT - candidates must be females presently in III Meds. Only females may vote for M.W.U.A. President. The President of the M.W.U.A. is also a member of the Activities Committee, and must present the M.W.U.A. budget to the Assembly.
3. S.A.C. REPRESENTATIVES - candidates may be presently in II Premeds, I Meds, II Meds, or III Meds. Two SAC representatives are elected. One of these is a voting member of the Medical Assembly. Both representatives are members of the External Affairs Committee, which will discuss matters of common interest to its members.
4. JUNIOR C.A.M.S.I. REPRESENTATIVE - candidates must presently be in I Meds or II Meds. The Junior C.A.M.S.I. representative is not a member of the Medical Assembly, but he is a member of the External Affairs Committee. He is automatically appointed to a second year of office as Senior C.A.M.S.I. representative. The Senior C.A.M.S.I. representative is a member of the Assembly.

## II. Positions on the Assembly Elected by each Class

### 1. ASSEMBLY MEMBER

Each class will elect seven of its members to the Medical Assembly. That member who gains the most votes will be called the Vice-President of the class, and constitutes the official means of communication between his class and the Assembly.

### 2. ORIENTATION REPRESENTATIVE

The present II Premedical class will elect from its members, an Orientation Representative. He is a member of the Executive of the Assembly, and is also responsible for planning an orientation programme for the following I Meds class.

## III. Positions within the Assembly Elected from and by its Members

### A. Executive

Candidates may be from II Premeds, I Meds, II Meds, or III Meds.

#### 1. Secretary

The Secretary shall record the minutes of all meetings of the Assembly, shall be responsible for Assembly correspondence, and shall keep the records of the Assembly.

#### 2. Treasurer

The Treasurer shall be Chairman of the Finance Committee, and is responsible for conducting and recording the financial affairs of the Assembly.



## 2. Services Committee:

Four members will be chosen to this committee. They will sit on its two subcommittees, Activities and Publications, and share the responsibilities of the Vice-President Education for designing a co-ordinated social and extra-curricular programme for the Society. One of the four members has been previously chosen, as the Communications Director.

## 3. Finance Committee:

One member will be chosen to assist the Treasurer.

## Procedure for Election to Committees

Each elected member will submit in writing, three positions, in order of preference, which he wishes to fill, before the first meeting of the new Assembly.

At its first meeting, the new Assembly will elect from its members, the Executive Secretary, Treasurer, and Communications Director.

The remaining positions will then be decided upon by election of the Assembly.

## IV. Class Positions Elected by each Class

### 1. President

The President supervises the activities of the class executive, and is the official representative of the class to Faculty Committees. He is not a member of the Medical Assembly.

### 2. Secretary-Treasurer

The Secretary-Treasurer is responsible for keeping class records and conducting and recording class financial affairs.

### 3. Social Convenor

The Social Convenor will be responsible for planning the social life of the class. He will also be a member of the Social Committee, chaired by the Social Director (an appointed position to be described in the next section). As a member of this committee, he will assist in the planning, with regards to his own class, of the Medical Formal and other Faculty social event.

### 4. H.A.A. Representative

### 5. M.W.U.A.A. Representative

### 6. C.A.M.S.I. Representative

## V. Appointed Positions

Written applications for these positions are to be submitted before 5:00 p.m., Friday, March 21st. Verbal presentations will also be made at the Joint Meeting of the Assembly. Applicants will be ~~elected~~ by members of the Assembly.

The appointed positions are:

1. Chairman of the Daffydil Committee
2. Editors-in-Chief of the Medical Journal

Two editors will be appointed, one who is presently in II Meds, and one who is presently in III Meds. The editor elected from II Meds will be editor for two years. This procedure guarantees continuity in the affairs of the Journal.

3. Chairman of the Arts and Letters Society.
4. Editor (s)-in-Chief of the Probe.
5. Warden of the Society.
6. Social Director.
7. W.U.S. Representative

The position of Social Director is a new position. The Social Director is chairman of the previously mentioned Social Committee, and is responsible, with his committee, for planning the Medical Formal and any other Faculty-wide social events.

The responsibilities of the appointed members, in addition to those they owe to the organizations which they represent, include communicating to the Assembly, the activities of the organizations which they represent, through the committees of the Assembly on which they sit, and submitting to the Assembly, the budget of the organization which they represent.

# REPORT OF THE AIMS AND OBJECTIVES COMMITTEE

of the Medical Society

University of Toronto

## INTRODUCTION:

The Medical Society within the last few years, has become involved in the decision-making process within this Faculty. (Herein, Faculty refers to the staff and students.) Now that the right to involvement has been won, with students sitting on many staff committees, other questions must be faced. These questions, concerning what degree of involvement or influence is desired, and how to achieve this influence, can be answered only within the framework of a statement of the general aims and objectives of the Medical Society, in both curricular and extra-curricular affairs. This "crisis of direction" in the Society, comes upon us, and is in part precipitated by, a similar crisis within the Faculty Council. The extent and direction of our participation on many staff committees (such as the Faculty Council's "Aims and Objectives Committee") must follow the statement of our own aims and objectives.

Accordingly, this Committee was convened to formulate the aims and objectives of the Medical Society, as a guide to its actions in the near future. These aims and objectives, if accepted, must be used as criteria for evaluating the validity of all decisions made in the Faculty.

Furthermore, it is recognized that conditions in the Faculty, and the needs of students, will change. It is therefore very important that an annual review and an ongoing elaboration of these aims and objectives take place.

Any aims and objectives drawn up by this Committee, to be valid, must be formally approved by the Medical Society Assembly. They must also be acceptable to the students. This report must therefore be circulated throughout all classes. The support of the student body for its principles may be judged informally. Student opinions, as determined by some appropriate means such as questionnaires, should be the force behind implementation of any specific proposals.

The basic premise of much of this report is that students should be meaningfully involved in the making of decisions that affect them. This principle can be supported on two grounds. First, it is believed that students have something to offer in the making of these decisions. It is the students who are most intimately aware of students' needs and problems, and also their views of problems confronting the staff are fresh and uncluttered.

Second, greater awareness of the decision-making process within the Faculty, and of the conditions which affect these decisions, will improve student relationships with the staff.

These benefits should accrue not only to those students actively involved in decision-making, but also to all students. It therefore follows that one of the principal functions of the Medical Society Assembly is to ensure that there is adequate communications between staff and students, and amongst students.



It is further felt that any member of the students and staff should be able to attend as observer, any official meeting of either student or staff committees. The observers will be subject to the rules of procedure governing the meetings they observe; furthermore, the right of the committees to move in camera for a stated reason is acknowledged.

The specific aims and objectives of the Medical Society have been examined under the following headings:

- I Education
- II Student Discipline
- III Extra-Curricular Affairs
- IV Implementation of the Aims and Objectives

#### I. Education

The real involvement of the student in his educational experience in any role other than that of the passive receptor, is a very recent phenomenon. It is so new that adjustment to it and its implications is often difficult. Just as it has raised the expectations of the undergraduate, so it has increased the demands placed upon him. It was in response to the demands that the Medical Society Assembly had placed student members on various staff curriculum committees. It is in response to the expectations that this Aims and Objectives report is written.

The acceptance by staff and students of the dialogue that now exists has established the advisability of students' participation in the serious attempts being made for the improvement of the quality of medical education at Toronto.

At the very least, this dialogue has given the student a keener appreciation of the problems facing the administration and staff than was possible earlier.

Many student reports of the aims and objectives of medical education sound current themes.

Briefly, these principles state that:

1. Learning is an individual matter. Each student has his own way of learning, his own rate of learning, his own capacity for growth.
2. Learning is more efficient if it requires active participation of the learner.
3. Learning which is attuned to the students' motivational pattern is more effective than learning which ignores it.
4. Learning which is reinforced by a pattern of rewards is more efficient than learning which is not associated with any reward system for the student. Knowledge of the degree of

success of any action as soon after the action as possible, constitutes part of the reward system. These principles are developed in a paper entitled The Process of Curricular Development by Lawrence A. Fisher, which was distributed to the staff by the Dean's office.

Although these principles seem self-evident, their strength was insufficient in preventing a wider separation of basic and clinical sciences (the motivational pattern) in the New Curriculum.

Educational methods must be applicable to the material being presented.

One of the functions of medical education is the teaching of fact. An essential method for the presentation of fact is either printed notes consisting of basic core material, or precise references to established texts containing the same core material. Utilized as the single vehicle for the passage of fact from teacher to student, the lecture is inefficient and inadequate. However, learning must be reinforced and the student must be made aware of the implications of the facts he has learned. It is this facet of education which demands the consideration of the individuality of the student and the learning process.

Where applicable, the following methods should be used: seminars, small group or individual projects, C.P.C.'s, research projects, audio-visual aids, laboratories, carrel-learning and so on. It is a major function of the lecture to motivate, to inspire. Advantage should continually be taken of the students' interest both in medicine and in teaching himself and others.

It is the individual student that should decide the individual method by which he learns best. Needless to say, multiple methods of learning should be available to him.

Methods of evaluation must be consistent with methods of learning. Although we recognize the need for consistency of evaluation with regard to licensing procedure, surely this does not necessitate the bulk of evaluation being placed on the written final exam. It is sensible to be evaluated by those people with whom one is in closest contact; for example, clinicians and project leaders. Competition should be an "intra-personal" phenomenon - a race between a person's self-expectation (based on his motivation among other factors) and reality. To help remove the non-personalized, often mis-directed competition that may now exist, an 'honour-pass-fail' system should be implemented.

Finally, a means of continuous course evaluation by students should be instituted. Because our education forms the



raison-d'etre of our stay at university, because its process includes the majority of our waking hours, any opportunity to alter it favourably should be grasped eagerly.

## II. Student Discipline

We wish to affirm the section of the Medical Society Constitution which states that the Medical Society Assembly shall be the disciplinary body of the Society. As mature, critical individuals who will shortly be expected to assume great responsibility in their profession, it is reasonable to believe that students should participate when disciplinary proceedings against their peers are being considered.

We also endorse the principles of the brief on discipline submitted by the Medical Society Assembly.

If the Faculty feels that discipline of a student is necessary, the Medical Society Assembly and the staff would then be responsible for forming a disciplinary committee to consist of equal numbers of staff and students. Its deliberations would be co-ordinated with the hospitals, where necessary. The formal constitution of this committee is to be determined in the new Constitution of the Assembly.

## III. Extra-Curricular Affairs

The value of an active extra-curricular programme in this Faculty should not be underestimated. Activities which draw the student into a wider social setting are particularly important, since they will help the doctor to take a more active role in his society. Programmes such as S.H.O.U.T. should be commended and continued. A wider programme of dances, concerts, etc. would also be beneficial. Daffydil, the Journal, and the Probe, etc., are programmes which have allowed the medical student to express his creativity. We can only hope that these programmes will, in the future, maintain the excellent standards which they, in past years, have achieved.

The Society should initiate more staff-student interactions, in the form of smokers, panel discussions, etc.

## IV. Means of Implementation

Educationally, the concern of the medical student is two-fold. He must interact with the medical curriculum on a day-to-day basis, and he must be concerned with and involved in its future planning. To help carry out these concerns, the Medical Society should establish an education evaluation committee. Since such a committee could only be effective with staff participation, Faculty Council should be approached to contribute a number of members equal to the student membership. Through such a body, suitable methods of measuring student and staff opinions on educational matters could be developed and applied to the carry-



ing-out of a continuous critical evaluation of the education curriculum. Ideally, this would lead to the establishment of proper communication lines between students and staff, the staff of different departments, and the other student education committees and staff. It would also hopefully allow a more efficient introduction of improvements in the appropriate courses based strongly on student opinion, staff experience, and the experience of educators available for consultation to the Faculty.

Assuming that the scope of the Student Affairs Committee includes all matters involving students, a reassessment of this committee's function and a strengthening of its position would seem in order. In future, this committee could deal effectively with any conflicts between Faculty planning and the students' aims and objectives.

Implementation of any of the stated principles above must be based soundly upon majority student opinion gained from questionnaires. This obviously would allow committee members to speak with confidence on behalf of students, and would make their arguments more influential in any decisions.

Finally, we feel that it is necessary and wise to use "proper channels" in all dealings with staff and administration. However, if it is demonstrated clearly that such channels are not being effective in arriving at satisfactory goals and solutions, this fact must be demonstrated actively to the parties involved. Hopefully, such "active demonstration" could be done through a strengthened Student Affairs Committee, the proposed Evaluation Committee, and through a strong statement of students' wishes, determined by questionnaires.

Adopted by the Medical Society Assembly, March 4th, 1969.

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#### THE UPCOMING REFERENDUM

There will be a referendum on the question of the relationship between Medical students and SAC in association with the forthcoming election.

The following brief has been submitted by the Committee on SAC, and has been discussed, but a vote to adopt this report has not yet been taken by the Medical Society Assembly.

It was this brief which resulted in the referendum being established, but it is presented here as a personal contribution by the chairman of the Committee on SAC.

## BRIEF OF THE COMMITTEE ON S.A.C.

The Committee to investigate the relationship of the Faculty of Medicine to S.A.C. and also the possibility of other fruitful liasons, has to understand certain premises upon which both parties operate. The question must not be whether either group has the power to do certain things, for it is apparent that both groups are acting entirely within constitutional legislative boundaries in most of their decisions. It is perhaps the actions themselves and the philosophy that prompts them that must be further understood and perhaps questioned. If this latter analysis were to arrive at some conclusion which indicated some overwhelming disproportion in the balance of the benefits and debilities which accrue to both parties in the relationship, then it seems only proper that some re-evaluation of the relationship needs to be undertaken.

Ultimately, the intercourse must either be retained or refuted; the former appearing to be the solution of the true democracy ("If you want things changed, you have to stay within the framework of rules to have the bureaucracy to carry through the alterations") and the latter the irrational response of the revolutionary.

Yet, if some alternative bureaucracy were to exist in which the interchange of ideas between members was of greater benefit to each individual who was a part of the member organizations, would the severing of the present links be so irrevocably hostile to the democratic environment?

On the other hand, can it be argued that the bureaucracy itself serves so little useful purpose to those bodies that allow it to exist that it could become extinct without complete disruption of the programmes that the student has a right to expect from the organization of which he must be a part (S.A.C. Constitution, Article IIB)

In the present context, the question is a dual one:

- is a student union even necessary?
- is the present form of the union one in which maximal returns are available to both the S.A.C. as an organization representing students, and to the students whom S.A.C. purports to represent?

It is, then, necessary to examine the present distribution of resources made by the S.A.C. By definition, these resources will imply not only financial, but also temporal and personnel. A listing of priorities must suffice:

Student involvement in university administration (C.U.G., P.A.C.,  
brief to Committee on University Affairs concerning future  
of the University)

External Affairs

(Strax, Carlos & Smith, Vietnam, California Grapes, Biafra  
and Brewin, Frontier College, S.H.O.U.T.)



Student Services:

P.O.S.A.P. Committee

Course evaluations

Course unions

Free U. of T.

Student Information Service

Blue & White Society

Student Centre

Varsity

Radio Varsity

Clubs

Housing

Innis College House

Tent City

College Street Site

Married Student Apartments

Several comments must be appended-

The Duncan Room has been waiting nearly two years to hear Radio Varsity.

The Course Union organizers from S.A.C. appear to be trying to subvert S.H.O.U.T. -- and are not being well received.

Medicine already has a bureaucracy in its Class Executives where some of the problems of a Course Union are attacked-

Who has ever heard of the Student Information Service?

The Student Centre has not progressed towards anything in the two years since it was grandly unveiled.

"Tent City was a flop" - S. Langdon

The College Street Housing Site has been ours for almost a year and it still isn't fit to be a parking lot.

Because students weren't consulted about the planning of the Married Students Apartments, the V.P. said S.A.C. should forget about them since they were going to be a big flop.

The Varsity is a radical rag, but Meds students will read it because they want to be part of, and students at, this university.

The value to Meds students of these distributed services is elusive of evaluation. In the opinion of students in all four professional years, the usefulness of S.A.C. activities is highly suspect. This results partially from the geographical separation of Meds students from campus, and partially from the course itself which allows so little time for any involvement in campus life. Finally, many stated that they simply opposed many of the philosophical precepts motivating S.A.C. actions, and so could not participate.

Even the individual S.A.C. representative who adequately represents his constituents may be impotent in implementing his own philosophy or commitment if it stands in opposition to that of the Executive Commission of the S.A.C.



At present there is no possibility of altering the present distribution of services by the S.A.C. bureaucracy. The response to requests for change usually takes two forms:

1. "The services are there for everybody and it's your own fault if you don't use them."
2. "As students of U. of T., you are impressed into the Union and should realize that what it is doing is bettering the lot of all students -- don't be so parochial".

Unfortunately, neither of these attitudes dispels the idea that S.A.C. is operative only for the advancement of Arts students. It appears, in balance, that the individual Medical student is correct in expressing serious reservations about the value of S.A.C. services to him.

In a larger, less parochial context, it is often argued that every student at this university should be questioning the value of S.A.C., and there is evidence that this is occurring. The activist involvement platform being openly refuted by some sectors of the Student Community- Dentistry, Pharmacy, P.O.T.S. There is a growing discontent that has no alternatives as yet. Most of the dissident parties adhere fundamentally to a belief that a student union should exist to provide links between the diverse intellectual interests gathered on this campus. It is in this common ground that the solutions may be cultivated.

#### Solutions:

- I. Recent meetings of the S.A.C. Committee to discuss the ramifications of withdrawal of the G.S.U. have declared that, in theory, no corporate member has the right to withdraw from the Student Union. Rejection of this declaration by a corporate member has yet to occur. Presumably, the argument for withdrawal unilaterally would be on the premise of illegitimate distribution of resources (as above) with the logical continuity that resources could, in such a case, be withdrawn from the arrangement.

In reality, however, the G.S.U. has made withdrawal a hard fact, and some formal procedure has been devised in case of future withdrawal attempts. The Committee proposes that a referendum on withdrawal from S.A.C. be held in a given Faculty only after a three-week cooling out or negotiation -- or politicking -- period. This jointly conducted referendum would require 50% of the constituency to vote and 75% of these to favour withdrawal before it was considered valid support for the secession. The withdrawal would be corporate and no individual member of the separated Faculty could have S.A.C. membership and privileges. After withdrawal, there are again several possibilities:

- a. A counter-S.A.C. could be established as an alternative bureaucracy for the advancement of the true interests of students.

S.A.C. itself has few valid arguments against this new creation for it represents only their own concept of counter-courses, the "free U. of T.", and the two nations policy that C.U.S. (and S.A.C.) advocate for the Canadian political scene. The G.S.U. Executive would be interested not in any active bureaucracy, but in some form of liason organization by which students from different Faculties and schools could meet and discuss common problems. It is here that the true spirit of 'student community' might be constructed.

- b. more parochially, the creation of some organization involving Meds, Nursing, P.O.T.S., Pharmacy and Dentistry, Food Science, might take the form of a forum in which problems peculiar and particular to the field of human health might be investigated. Essentially, this would be an amplification of the co-ordination that S.H.O.U.T. has established among different members of the Health Sciences Community. Such a political union would enable S.H.O.U.T. to continue its present programme without any necessity for the introduction of political commitment or philosophy-- as has recently occurred at the national level with the Student Health Organization in the U.S.A. The most serious charge to be levelled against this proposition is its dismissal of the opportunity for interaction with other fields of intellectual pursuit in the university. There could be no true 'community of Scholars' -- and the narrow, biased viewpoints considered would foster little philosophical maturation among the foster participants.
- c. there could be created, a Professional Students Council, but it would be vulnerable to the same prejudices as the Health Sciences Union. In addition, it would fracture completely the true ideal of education -- to create a thinking man -- by perpetuating a mold to which the student must conform.
- d. The Medical Society could exist as the sole legislative and representative body for the students of this Faculty. Without any liason such a situation is preposterous for it belies the entire concept that one exists, grows and matures in life through contact with others. These others are a peer group who have some miscellany of interests so that each member can contribute to and benefit from the variety of attitudes that are interacting. Some union, then, must exist.

II. This Society can ignore the facts of the inequality of distribution of student services and of the majority discontent evident in medical students of all years. This means continued membership in S.A.C. and acceptance of the fact that the power wielded by S.A.C. may not be entirely aligned with the disposition of such energy as desired by the population. This latter situation is encountered locally in the attitudes and responses of the individual S.A.C. representative and it is here that some measures could be undertaken.



The Constitution clearly states, and the consensus of debate in the S.A.C. meeting of October, 1967 agreed, that the member is a representative of his college faculty or school and not a delegate from the student body or from the student union that exists within the college faculty or school. This is to say that he is elected by his informed constituents on the basis of a philosophy or platform which (if he collects the largest number of votes cast in the election) is then democratically assumed to represent the outlook of the total population of students within his constituency. In no way is he bound to seek out and agree with, the opinions of his constituents on any specific issue which appears to confront the S.A.C. The assumption is made that he will reaffirm the beliefs of the majority of students in his constituency on any specific vote. As well, the S.A.C. representative may not agree with some attitude of the student organization of his individual college, or faculty or school concerning some matter of import to all students of the University. In such a case, he should not submit to instructions that he, as a delegate, cast his ballot in S.A.C. according to the wishes of this parochial institution. He is privileged to have membership on the local governing body for the students of his constituency and could be expected to rationally assess the merit of the attitude that is presented by this group. He should also consider that this opinion probably reflects the feelings of his constituents on the particular issue under consideration more adequately than his own philosophy (with which the largest number of students agreed when he was elected)

The ultimate problem then, is not one of representation, but of responsibility. The member does or should feel some obligation towards furthering the best interests of his constituents but often in recent years, this duty has been relegated to a minor role or perhaps dismissed entirely because of the member's belief in some larger concept of responsibility to which he, in his own philosophy, is committed. In the past year, this conflict of interest has been especially prominent. The Vice-President of S.A.C. has said that he would rather not build a student owned and operated residence if it were to exist in antagonism with the working class community where the project would be situated.

One of the Medical S.A.C. representatives initiated a 4-part motion concerning the Vietnam conflict and the response that the Canadian university students should make to it that he himself admitted could never obtain the support of his own constituents.

Both S.A.C. representatives voted in favour of the proposal to hold a sit-in protest if the university administration refused to make public the brief on the future of the university that it intended to present to the Department of University Affairs. Within 24 hours, the Medical Society had repudiated the concept of the sit-in as a tenable illustration of discontent.

There are several possible ways to improve this breakdown in the process of representation. The one is in line with a proposal made to the S.A.C. but never acted upon that the local organization of the college, faculty



or school be given some direct power on the S.A.C. in the form of delegates whose voting power could be controlled. This would amount to making each COPOUT member or his assignee a voting member of S.A.C.

The second and probably more feasible, is some effort to ensure that the constituents are informed of the philosophy, programme and other commitments of each candidate for the positions of S.A.C. representative before the election. This would first require that the electors have some awareness of the powers which they were delegating to the people whom they elected and also some more comprehensive knowledge of exactly what the S.A.C. could and should do for them. If interest were kindled in this way, perhaps the complete breakdown that exists at present (in which the ultimate value of any representation at all can be questioned) could be repaired. With the elector aware of his democratic responsibility, it should not be difficult to request of each candidate, that he be willing to present his views on certain issues to the entire electorate. Ideally, this would be done in forums where all interested could attend. With pressing commitments of time that exist in this Faculty, it is probably more realistic to hope that the electors would read some statement. This could be the reply of each candidate to a list of questions that should deal:

1. with the solutions the candidate favors for some of the problems that may confront the student union
2. the individual philosophy or party commitment that the candidate will adhere to in his execution of power.

Finally, if the S.A.C. representative undertakes a policy or commitment which will alter his previously-expressed opinions, this Society as representative of his electors, does have the right to criticize and censure such policy if it so desires.

Though the representative cannot be formally impeached without the presentation of a petition with the names and ATL numbers of 25% of the constituency, a majority vote of censure by the Medical Society should provide sufficient indication of lack of confidence in his policies that resignation appears the only honourable solution.

#### SUMMARY

1. The Committee was established to evaluate fact, collect opinion, and, from assessments of these, make recommendations to the Society.
2. The basic premise involved the balance of credits and liabilities which accrue to the individual medical student from his impressment as a SAC constituent. If there was inequality, forms of redress were to be investigated.
3. In balance, the Medical student appears to profit little from his membership in the student union of the SAC.
4. If 75% of those who cast ballots in a referendum vote for withdrawal from SAC, representation for the corporate withdrawal should be made

to the SAC and the Board of Governors. There would be no option of individual SAC membership for constituents of a Faculty that had withdrawn from the SAC union.

- a. a loose federation with no extant bureaucracy could be created with the GSU and others. GSU participation would do much to reflect a true 'student community' with its membership from Arts, Sciences and Professions.
  - b. A Health Sciences Union could be created to provide links between groups with a common goal in their training, but with enough diverse interests to make interchange of opinions meaningful and enriching. This creation would probably be too parochial.
  - c. A professional Students Council would only serve to split the students of this University into artificial categories imposed by a consumer-oriented society. Simply, this would destroy a university education in its truest sense.
  - d. It is inconceivable that no links be established with other students -- for Medical students, like all men, learn, grow and mature from any interchange of ideas.
5. If the Society ignores the inequalities and injustices of SAC membership and decides to remain within this student bureaucracy, some changes are suggested.
- a. An expanded SAC where the views of the local organization of College, Faculty or School are accorded voting status has been contemplated previously.
  - b. A series of recommendations to make the SAC representative more responsible are presented:
    - I. Make the electorate aware of the powers they are delegating to the SAC representatives that they elect.
    - II. Require of and adequately circulate, a written expression by each candidate of his attitudes toward present student-centred issues and any individual philosophy or party commitment that the candidate will adhere to in his execution of power.
    - III. A majority vote of censure by the Medical Society should provide sufficient indication of lack of confidence in his policies that resignation appears the only honourable solution.

#### Recommendations:

1. A referendum on continuing membership in SAC held in conjunction with the Society elections in February. A simple majority in favour of withdrawal by those voting would provide sufficient corroboration in any representations to the Board of Governors. The SAC withdrawal codification would insist on 75% of the ballots cast being in favour



of withdrawal before the action is considered legitimate.

2. Efforts to establish some non-bureaucratic forum with the GSU and other interested parties in which the foundations for a 'student community' could be established.
3. There should be immediate steps taken to amplify the function of SHOUT by the creation of a Health Sciences Union including Medicine, Nursing, POTS, Pharmacy, Dentistry, Food Science. This political union would permit SHOUT to avoid any commitment of the Health Science students to a particular political overtone. This should be undertaken irrespective of the outcome of the controversy involving SAC membership.

Respectfully submitted,

B. Tanney.

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An open letter to the editor of the "Auricle" re:  
possible withdrawal of the Medical Society from  
the S.A.C.

Dear Sir:

The Medical Society has recently voted to hold in conjunction with its annual elections, a referendum to ascertain the consensus of medical student opinion concerning possible withdrawal from the S.A.C.

I perceive among my colleagues, a growing dissatisfaction with the conduct of the S.A.C. I find however, that this dissatisfaction arises largely from resentment over S.A.C. having assumed the role as the conscience of the student and spokesman on controversial moral and political issues -- sensationalism which is magnified beyond all proportion by the press. Also "What has S.A.C. done for me?" is a commonly heard question. The late President Kennedy's famous reply to such sentiment is enough to dismiss this line of thought.

The Medical Society has recently sponsored an inquiry into the relationship between the Faculty and S.A.C. It is abundantly obvious that the S.A.C. is active on a number of worthwhile though less spectacular fronts which unfortunately receive considerably less publicity than they deserve. It would refer particularly to the generous support the Student Health Organ-



ization recently received without which its "Store-Front Clinic" programme could not have gotten off the ground. This programme I regard as the most significant happening among the Health Sciences Faculties of the current academic year, and highly commend it to anyone with an ounce of compassion and a desire to acquire practical clinical judgement. The return, of course, is commensurate with the investment of time and energy and the same is true of our relationship with the S.A.C. Till now, that relationship has been characterized by profound complacency interrupted by the occasional outraged cry when something rubs us the wrong way.

To withdraw from S.A.C. because that body does not represent the majority of student opinion is a blatant admission to the defeat of the democratic principle. It is our duty to remain informed of the issues at hand, and to protect the potency of our franchise by insuring that the elected representatives do in fact, represent the electorate. For too long election to the S.A.C. has been regarded as a licence to act as a free agent. I strongly recommend adoption by the Medical Society of provisions for the initiation of a binding vote of censure against any member who cannot justify his actions to the electorate.

Given that true education arises from association with others, I fail to see how withdrawal from S.A.C. could have other than a stifling effect upon the aspirations of members of this Faculty. A vote for continued affiliation, however, should not be construed as unqualified support for S.A.C. policies. It must rather be a commitment on our part to an increased involvement in the University community. We must strive to create a community in which the right to a minority opinion is preserved but in which the opinion of the majority prevails.

With respect to the upcoming referendum, it is our democratic right to vote as we see fit, but it is our democratic duty, if we vote, to be informed. There is no room for emotionalism in this matter.

Sincerely,

A handwritten signature in cursive script that reads "Bill Fitzgerald".

bf/ml

Bill Fitzgerald,  
Medicine IV.

## PROGRESS REPORT OF THE AUDIO-VISUAL COMMITTEE

As we stated in our first report which was printed in the first edition of the Auricle, our basic aim apart from our own participation in this committee is to keep the Society informed as to the current happenings in the audio-visual department and in keeping with this aim, we will now bring you up-to-date on the latest happenings.

As your representatives, we sit on a newly formed committee known as the Faculty Advisory Committee on Audio-Visual Services Membership in this committee consists of:

1. Period co-ordinators
2. Representatives from the hospital A-V committees.
3. Student Representatives (2)

The Faculty Committee is a co-ordinating body which represents the various institutions of the Faculty as a whole. Its primary purpose is to advise the director on the best use of A-V services within the Faculty. However, if thought necessary, it has the authority to deal directly with the Dean. The committee does not meet on a regular basis but only when required. To date, there have been three meetings the first on October 16th, the second on November 21st, and the third on December 18th.

Generally, the policy of the Audio-visual division of the Faculty is to promote the better understanding of medical knowledge through better communication. Audio-visual aids can improve the quality and the ease of transmission of information.

Concerning television policy, it is presently felt that a cautious beginning should be made in starting programming through the final programme for a Faculty of Medicine closed circuit television system (CCTV) should be taken into consideration at each stage of the planning in order to avoid the catastrophe of having installed inadequate or obsolete equipment by the time the full plan comes into operation. In anticipation of the large CCTV system for the Faculty, three television studios have been built into the Medical Sciences Building. In the clerkship hospitals, it is considered desirable for the best lecturer in any given subject to prepare a lecture-demonstration suitable for television programming, which would then be broadcast live or by the use of tape to each of the 8 hospitals. This would avoid the necessity for 8 teachers to all prepare the same lesson.

There are problems still to be resolved on the standardization of equipment in each of the 12 hospital units. There is the further problem of whether colour television is essential in certain areas where black and white would be of no value.

Certain techniques require colour such as staining reactions used in pathology and bacteriology, endoscopy, gastroscopy and most work done in the ENT and ophthalmology departments. It was strongly recommended



that such system as is installed, contain some colour components, so that eventually the entire system can be in colour.

A series of demonstrations of T.V. techniques was held recently at Ryerson P.T.I. We were in attendance at one session on December 10th at which three major aspects of T.V. programming were presented. The first of these was a comparison of two types of lecture presentations, one given by Dr. N. T. McPhedronon, the G.I. system and the other by Dr. C. Wolfe on oxygen therapy. Dr. McPhedran's lecture was taped at Ryerson and included few graphic and A-V aids and in most respects resembled the tradition lecture format to which we have become accustomed. The second presentation was taped at Scarborough College, utilizing professional help as well as graphics, telecine, etc., the lecturer being on screen for only a small percentage of the total time. The first tape suffered in quality in comparison to the second while being more economical for the delivery of the same number of facts.

The second demonstration showed a comparison of B & W with colour in bacteriology, pathology, haematology and gastroscopy. Colour proved to be far superior in these fields and will, it appears, be required.

Lastly, we were shown how relatively easy it is to set up and broadcast a live clinical demonstration, in this case the topic being "Functional Motor Deficit". Members of the audience handled both technical and on-camera aspects of the presentation with no previous experience in either of these areas, and the results were excellent.

At a demonstration December 18th at Sunnybrook Hospital, Dr. Alberti of the E.N.T. Department demonstrated some of the audio-visual aids already in use. The aids demonstrated were: overhead projector mobile charts both in colour and in black and white; various types of slide projectors (some synchronized with audiotape); rear-view projectors, tape recorders, etc. An example of a student carrel was presented - it was most impressive; however, the final judgment will come when its ability to get information across is truly tested.

The carrel framework (without audio-visual equipment) costs about \$360.00 which is very expensive when one considers the number that will be required. Dr. Alberti assures us that the tapes are quite easy to prepare.

The committee decided to accept Dr. Alberti's opinion as to which equipment to buy, namely, Philip's cassettes and the Fraser system, and a number of these are presently on order.

The plans for audio-visual aids are well on their way to implementation; however, there still appears to be a financial problem. The government's allotment is short of the budget suggested by the Audio-Visual Committee - at least, this is the present situation and may delay some of the plans formulated in this area.

Respectfully submitted,

R. Feld  
M. Genraich  
Co-Chairmen, Audio-Visual Aids Committee.





